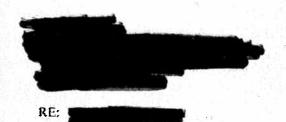


Impartial Hearing Office 131 Livingsion Street - Room 201 Brooklyn, New York 11201

Telephone: (718) 935-3280 Fax: (718) 935-2528

TRANSMITTAL OF DECISION TO PARENTS

January 21, 2011



Decision Order on Pendency

Representing Office: District 75

District: 26

District Contact:

Telephone:

Enclosed please find the Hearing Officer's Decision ("Decision") in the above referenced matter. This Decision may require the New York City Department of Education ("DOE") to take certain action.

NOTE: If the Decision says that you must provide information or documents to DOE or if DOE asks you for additional information to comply with the hearing Decision, you should provide it to DOE as soon as possible. If you do not provide the information or documents promptly, DOE may not be able to timely comply with the Decision.

You have the right to appeal within 35 days of the date of this Decision. The parent and/or DOE has a right to appeal the Decision to the State Review Officer of the New York State Education Department under Section 4404 of the Education Law and the Individuals with Disabilities Education Act.

"The notice of intention to seek review shall be served upon the school district not less than 10 days before service of a copy of the petition for review upon such school district, and within 25 days from the date of the decision sought to be reviewed. The petition for review shall be served upon the school district within 35 days from the date of the Decision sought to be reviewed. If the Decision has been served by mail upon petitioner, the date of mailing and the four days subsequent thereto shall be excluded in computing the 25- or 35-day period." (8NYCRR279.2[b])

Failure to file the notice of intention to seek review is a waiver of the right to appeal this Decision.

Please refer to the enclosed information if you have any questions regarding the implementation of the Decision or the appeal process. Directions and sample forms for filing an appeal are included with this Decision. Directions and forms can also be found at the Office of State Review website: www.sro.nysed.gov.

A copy of this Decision has also been mailed to any representative listed above.

Thank you.

MPORTANT INSTRUCTIONS FOR RECEIVING REIMBURSEMENT OR PAYMENT FOR TUITION OR SERVICES AWARDED AT AN IMPARTIAL HEARING

I. If there is a pendency or final decision ordering, the Department of Education to relimburse, a party for school fultion paid or services already rendered, and documents described below FAILED to be introduced as evidence at the hearing, you will not be reimbursed unless the missing documentation is submitted to the Department of Education.

DOCUMENTATION REQUIRED FOR PARTIES SEEKING REIMBURSEMENT FOR SCHOOL TUITON PAID AND OR SERVICES RENDERED OR A DEVICE

- Signed tuition/services contract between school/provider and parent indicating cost and enrollment period,
- Invoice for tuition/services/device on school/provider letterhead detailing services provided (e.g., # sessions, duration of session, rate and date(s) of service) or the full cost of the device,

Name of vendor and/or hourly rate.

AND ANY OF THE FOLLOWING PROOFS OF PAYMENT

- 1. Cancelled check(s) both side payable to school/provider: OR
- 2. Credit card statement(s) clearly detailing provider and amount paid; OR
- 3. Bank statement(s) (paper or on-line) clearly indicating provider and amount paid.

SPECIAL INSTRUCTIONS FOR CASHIMONEY ORDER PAYMENTS

if payment was made by cash or money order, please fill out the Parent Affidavit of Cash or Money Order Payment (see attached) and send the completed original form to the Impartial Hearing Office for processing.

PARENTS THAT HAVE NEVER BEEN REIMBURSED BY THE CITY OF NEW YORK OR REQUIRE THEIR PAYMENT INFORMATION TO BE UPDATED

Complete W9 form (PARENT VERISION) for parties seeking reimbursement for the first time or if the payment information (e.g., mailing address) has changed : (copy attached)

REIMBURSEMENT FOR TOLL, MILEAGE AND/OR FUEL COSTS

Parties awarded reimbursement for transportation cost will be reimbursed at the current rate set by the Internal Revenue code and any additional costs (tolls and/or fuel) will only be reimbursed if specified in the decision. Acceptable proofs of payments for transportation costs include cash receipts, credit card statements, or parent's affidavit. A mileage log is also required (see attached). Reimbursement is for private car service requires a detailed receipt with the car service name, child's name, destination, date, time, and cost.

You will be required to send copies of documents to:

Impartial Hearing Office 131 Livingston Street, Room 201 Brooklyn, NY 11201 Attn: Reimbursement Documentation Telephone number 718- 935-3280 Fax Number: 718-935-2528

Please make sure that ALL documentation submitted to this office includes the Impartial Hearing Office six digit CASE NUMBER. Reimbursement will be limited to the amount equal to the proof submitted. So please make sure you send all the paperwork needed to cover the amount for which you are seeking payment.

Rev. September 2010

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Joel I. Klein Chancellor

DIRECT REIMBURSEMENT SOCIAL SECURITY NUMBER FORM

This form is only for parents who are or may be eligible for reimbursement from the New York City Department of Education (NYC DOE) for direct payments made by parents to outside vendors for services or tuition for their children with disabilities. Use of this form for any other purpose is not authorized and may delay payments from the City of New York or the NYC DOE. If you are eligible for or seek other forms of payment from the City of New York or the NYC DOE, you may be required to complete a W-9 form for that purpose.

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Address:		
City:	State	Zip Code
Primary Phone Number:	Altern	native Contact Number
Parent's Social Security Number:	*	
Child Name:		
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Signature:		Date:
Parent	*	
Impartial Hearing Office 131 Livingston Street, Ros Brooklyn, New York 1120 Fax: 718-935-2528	om 201	Non-Public Schools Payables 65 Court Street, 15 th Floor Brooklyn, New York 11201 Attn: Impartial Hearing Unit
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